

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-019356

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 55 Primary Registration District No. 5206 Registrar's No. 59

FILED JUN 13 1963

VS 300
Rev. 4/59

1 0170

2 0171

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4 0

5 2

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7 1

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9 794X

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11

12 90-0

13 2-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) Fairfield		c. CITY OR TOWN Carrollton	
Length of stay in 1b 6 mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Richard Newport home		d. STREET ADDRESS (If outside, give location) Carrollton Mo	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First James Middle A. Last Newport		4. DATE OF DEATH Month June Day 8 Year 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-16-1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer-retired		11. BIRTHPLACE (City and state or country) Putnam Co - Ill	
10b. KIND OF BUSINESS OR INDUSTRY Farming		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Newport		13b. MOTHER'S MAIDEN NAME Eunice White	
14. NAME OF HUSBAND OR WIFE Hannah Biever		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. Richard Newport		17. INFORMANT Carrollton Mo	
18. CAUSE OF DEATH (Enter only one cause per item) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Infirmities of age.		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Carrollton, Missouri	
21. I attended the deceased from Jan. 1, 1963 to June 8, 1963 and last saw him alive on June 6, 1963			
Death occurred at 8: A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. A. H. Dutton (Degree or title) M.D.		22b. ADDRESS Carrollton, Missouri	
22c. DATE SIGNED 6-9-63			
23a. BURIAL, CREMATION, or REMOVAL (Specify) Burial	23b. DATE 6-10-63	23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill	23d. LOCATION (City, town, or county) (State) Bogard Mo
24. FUNERAL DIRECTOR Dickerson-Rice		25. DATE RECD. BY LOCAL REG. 6-10-63	
ADDRESS Bogard, Mo		26. REGISTRAR'S SIGNATURE Mary Dean	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Samuel M. Rice

Licensed Embalmer No.

5087

P. O. Address

Boyd, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.